



**Application for Membership in Post 171
American Legion Auxiliary
393 East College Ave
Westerville, OH 43081**

(Name) (Phone)

(Mailing Address) (Date)

(City) (State) (Zip) (Post #)

(Email address)

I am eligible for membership through the military service of _____
(Full Name)

He/She is a member of: _____
(American Legion Post #) (City) (State)

Living Deceased

The veteran, Living or Deceased, served in:

- WWI (4/6/17 – 11/11/18)
- WWII (12/7/41 – 12/31/46)
- Merchant Marines (12/7/41 – 8/15/45 only)
- Korea (6/25/50 – 1/31/55)
- Vietnam (2/28/61 – 5/7/75)
- Grenada/Lebanon (8/24/82 – 7/31/84)
- Panama (12/20/89 – 1/31/90)
- Persian Gulf War (8/2/90 to cessation of hostilities)

Applicant's Relationship to the Veteran: (Step relatives are eligible)

- Mother Grandmother
- Wife Granddaughter
- Sister Great-Granddaughter
- Daughter Self

I certify that the above named individual served at least one day on active military duty during the dates marked above and was honorably discharged or is still serving honorably.

(Signature of applicant)

Please print out this form, fill in the proper information and mail to; **Attn: Auxiliary President** at our address above.

Application Approved: _____
(Membership Chairman signature) (Date)